

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Papan for Assembly 2022			Date of This Filing _____ 11/03/2022	Date Stamp Page 2 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1442617	Report No. _____ 776136-JM			
STREET ADDRESS _____					
CITY Sacramento	STATE CA	ZIP CODE 95815			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 4		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/02/2022	ScionHealth/Kindred Healthcare Operating, LLC Louisville, KY 40202 Memo Reference: F497P1.INC1020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00
11/02/2022	Trinet Group, Inc. PAC (FED PAC ID C00495556) Dublin, CA 94568 ID# 1455652	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER Papan for Assembly 2022			Date of This Filing _____ 11/03/2022	Date Stamp Page 3 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1442617	Report No. _____ 776136-JM			
STREET ADDRESS _____					
CITY Sacramento	STATE CA	ZIP CODE 95815			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 4		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: F497P1.INC1020
Responsible Officer: Raymond Sierpina
